

# IRIS Information Sheet

Please return this to:  
Kim Tichy  
Immunization Program – 5<sup>th</sup> Floor  
Lucas State Office Bldg.  
321 E. 12<sup>th</sup> Street  
Des Moines, IA 50319-0075  
Or fax: 800-831-6292

Clinic Name: \_\_\_\_\_

Clinic Address: (street, city, state, zip): \_\_\_\_\_

Clinic Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Enrollment Contact Person Name(s) and Title(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

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*(Complete if different from enrollment contact information)*

IRIS Contact Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

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1. Is your clinic a Vaccines for Children (VFC) provider? Yes No VFC provider number: \_\_\_\_\_

2. What type of Internet connection do you have?

- DSL – (Digital Subscriber Line)
- ISDN – (Integrated Services Digital Network)
- Cable Modem
- LAN – (Local Area Network)
- Wireless
- T-1
- Other \_\_\_\_\_

3. Approximately, how many patients do you immunize per month?

- 1-10
- 11-25
- 26-50
- 51-75
- 76-100
- Over 100

4. Does your clinic use an electronic medical record (EMR)? \_\_\_\_\_

5. If your computer system is networked, what type of network do you have? \_\_\_\_\_

6. Do you have an Information Technology (IT) person on staff or who acts as a consultant? Yes No

If yes, Name \_\_\_\_\_

E-mail Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

7. Has the IT person been consulted about installation of the IRIS program? Yes No